



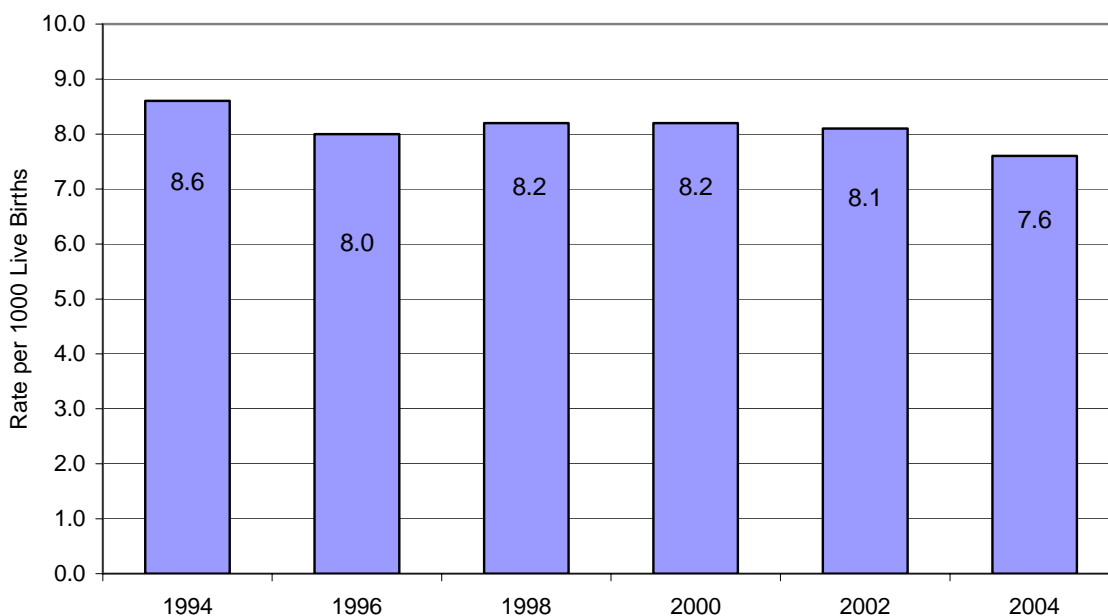
## Topic: Infant and Child Health

### 26. Infant Mortality

Infant mortality measures the number of deaths to children under age one. Infants with low birth weight or pre-term delivery have a higher risk of infant death. Socioeconomic status, lifestyle behaviors, prenatal care, and medical care for the infant are factors that impact mortality.

#### *How are we doing?*

**Infant Mortality in Michigan, 1994-2004**



In 2004, there were 984 infant deaths in Michigan, resulting in a death rate of 7.6 per 1,000 live births. During the past 10 years, the state's infant mortality rate declined almost 12%. However, this decline leveled off between 1996 and 2004. In 2004, the state dropped below the 8.0 per 1,000 level for the first time.

#### *How does Michigan compare with the U.S.?*

Michigan's infant mortality rate is generally above the national average. In 2004, Michigan's infant mortality rate of 7.6 per 1,000 was higher than the U.S. rate of 7.0 per 1,000 live births.



### ***How are different populations affected?***

Infant mortality rates are higher for babies born to teen mothers. In 2004, children born to Michigan mothers under age 20 had an infant death rate of 11.3 per 1,000. Historically, the Black infant mortality rate is more than two-and-a-half times that of the White infant mortality rate. For example, in 2004, the Michigan infant mortality rate for Blacks was 17.3 per 1,000, while for Whites it was 5.2 per 1,000 live births.

### ***What is the Department of Community Health doing to improve this indicator?***

The Governor signed into law the Safe Delivery of Newborns Act of 2001 which encourages the placement of unwanted newborns in a safe environment. The law allows for an anonymous surrender of an infant, less than 72 hours of age, to an Emergency Service Provider.

The Prenatal Care Clinic program is a demonstration project to facilitate healthy pregnancy outcomes. The project addresses unique community needs to assure access to prenatal care, medical care and WIC services. The project also addresses preconception care for high risk women who have experienced a fetal/infant loss. Michigan's Maternal Child Health (MCH) hotline, 1-800-26-BIRTH, provides information about the availability of health care services.

The Michigan Women, Infants, and Children program (WIC) provides nutrition, education, and referral services to more than 400,000 low to moderate-income women and families annually, including breast-feeding education and support, infant formula, and nutrition education referrals to other community health services. WIC services generally result in increased birth weight, longer gestational age, and lower incidence of pre-term birth.

Infant Mortality Reduction Coalitions are funded in these counties: Berrien, Genesee, Ingham, Kalamazoo, Kent, Macomb, Oakland, Saginaw, Washtenaw, Wayne and in Detroit to collaborate on educating residents about preventing infant mortality. These coalitions developed case management projects to improve birth outcomes for women who have experienced a fetal death, a low birth weight infant, or a premature infant. Their goals are to reduce the number of premature and low birth weight babies, increase time intervals between pregnancies, and increase the number of pregnancies which are planned.

The Maternal and Infant Health Program (MIHP), through contracts with the Department and other providers, offers services to Medicaid-eligible pregnant women and infants who receive support services from a nurse, social worker, and nutritionist.

The Nurse-Family Partnership (NFP) is a program in which nurses visit low-income women in their homes during their first pregnancies through the first two years of their children's lives. The major goals are to improve pregnancy outcomes by helping women improve health behaviors; improve child health and development by teaching competent and responsible parenting skills; and improve families' economic self-sufficiency. The Nurse-Family Partnership program is available in Benton Harbor, Detroit, Grand Rapids and Pontiac.

The MDCH informs the public and providers about measures to reduce the risk of Sudden Infant Death Syndrome (SIDS). A four-part strategy for the Safe Sleep campaign includes: 1) institutionalizing Safe Sleep education and practices in hospitals, 2) working with health plans to include Safe Sleep practices and education, 3) training and education for child care providers, and 4) focus groups to develop culturally appropriate public messages.

Fetal and Infant Mortality Review and Child Death Review Teams systematically examine child deaths to determine their contributing factors. These factors are then analyzed to develop recommendations to prevent future deaths. In addition, all Michigan newborns are tested for seven potentially fatal and/or debilitating diseases to provide accurate diagnosis and appropriate treatment.